

Indiana State Department of Health
Newborn Screening Services

FY 2008 Performance Measures

Performance Measure 1: Ensure all children born in Indiana and identified as being at risk for Sickle Cell Disease, or other Hemoglobinopathy, receive appropriate diagnostic testing.

Performance Objective 1: 100% of clients seen in clinic after being referred from the Indiana NBS lab as presumptive positive for Sickle Cell disease or any other Hemoglobinopathy receive diagnostic testing.

Service Projections

Directions- We expect that **100%** of clients referred by the Indiana NBS lab and seen in clinic will receive diagnostic testing. The anticipated percentage has already been entered for FY 2007, FY 2008, and FY 2009. Please give actual numbers and percentage for 2006. Grayed in areas will be filled in on the quarterly and annual reports, **do not** fill them in at this time.

Sickle Cell Anemia and Hemoglobinopathy Clients

Type of Service	# of Clients Receiving Testing			
	FY 2006	FY 2007	FY 2008	FY 2009
Total number of clients referred by NBS lab				
Number of clients referred by NBS lab that received testing*				
Number of clients referred by NBS lab and seen in clinic				
Percentage of clients referred by NBS lab and seen in your clinic that received testing		100%	100%	100%

*testing does not have to be done on-site

Supporting Activities Table

Directions- State the planned activities to get all clients that are annually referred by the Indiana NBS lab into the clinic and to receive testing.

Activity	Staff Responsible	Activity Status	Comments/TA plans
		<input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> Does not apply	
		<input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> Does not apply	

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FY 2008 Performance Measures

Performance Measure 2: Provide evaluation, counseling and follow-up services to clients afflicted with Sickle Cell Anemia or Hemoglobinopathy who reside within your region.

Performance Objective 2:

☐ **Maintain** the number of clients receiving services within your region. (See FY 2006 total)

☐ **Increase** the number of clients receiving services within your region by _____%.

Service Projections

Directions- Give estimates for the current and upcoming years for the **total** number of clients. **Number for FY 2007, FY 2008 and FY 2009 should reflect the percentage increase that you have set as a goal in the Performance Objective.** The total for FY 2006, please state the number of clients seen for each of the types of services listed below. Only complete for clients in your project population*. The numbers estimated in this table will be used to evaluate your performance in the annual report. Grayed in areas will be completed on the quarterly and annual reports, **do not** fill them in at this time.

Sickle Cell Anemia and Hemoglobinopathy Clients

Type of Service	# of Clients Receiving Education, Counseling and Initial Services			
	FY 2006	FY 2007	FY 2008	FY 2009
Education and counseling for families of clients less than 1 year of age receiving initial services				
Education and counseling for families of clients greater than 1 year of age but less than 5 years of age receiving initial services				
Education and counseling for all others less than 21 years of age receiving initial services				
Total				

Total = Families of clients less than 1 year of age + Families of clients greater than 1 year of age but less than 5 years of age + All others less than 21 years of age

***Project Population** = Individuals less than 21 years of age

Sickle Cell Anemia and Hemoglobinopathy Clients

Type of Service	# of Clients Receiving Follow-up Services			
	FY 2006	FY 2007	FY 2008	FY 2009
Face-to-face follow-up				
Phone contact				
Mailings				

Face to Face=

Direct contact made with the client, or the family of the client if the client is a minor, to discuss some aspect of their disease.

Phone Contact=

Contact made over the telephone with either the client, or the family of the client if the client is a minor, to discuss some aspect of their disease.

Mailings=

Any contact made through traditional mail service including follow-up letters, birthday cards, or newsletters.

Supporting Activities Table

Directions- State the planned activities to increase the number of patient receiving sickle cell services and which staff members will be responsible for those activities.

Activity	Staff Responsible	Activity Status	Comments/TA plans
Greater than 90% of families of children under age 5 years of age with sickle cell and other hemoglobinopathy received education and counseling		<input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> Does not apply	
Greater than 90% of families of children received follow-up services.		<input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> Does not apply	
		<input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> Does not apply	

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FY 2008 Performance Measures

Performance Measure 3: Increase individual awareness and personal responsibility of health issues that impact the patient population and birth outcomes.

(Please report the following percentages in the subsequent tables.)

Performance Objective 3a: _____% Clients/families, seen in clinic, will be educated to the **positive** effects of taking **folic acid**.

Performance Objective 3b: _____% Clients/families, seen in clinic, will be educated to the **negative** effects of **smoking**.

Performance Objective 3c: _____%, Clients/families seen in clinic, will be educated to the **negative** effects of **consuming alcohol**.

Service Projections

Directions- We expect that at least **90%** of client/families, seen in clinic, will be educated to the negative effects of smoking and consuming alcohol and the positive effects of taking folic acid. **This education should focus on the effect of these substances on the individual's overall and reproductive health.** Give estimates for current and upcoming years for each of the types of services listed below. Please give actual numbers and percentages for 2006. Only complete for clients in your project population*. Grayed in areas will be filled in on the quarterly and annual reports, **do not** fill them in at this time.

PO 3a: Clients/families seen in clinic and educated to the *positive* effects of taking *folic acid*

	FY 2006	FY 2007	FY 2008	FY 2009
Number of clients/families who were seen in clinic and received folic acid education				
Number of clients/families who were seen in clinic				
Percentage of clients/families who were seen in clinic and received folic acid education				

PO 3b: Clients/families seen in clinic and educated to the *negative effects of smoking* during pregnancy

	FY 2006	FY 2007	FY 2008	FY 2009
Number of clients/families age who smoke and were seen in clinic, that received smoking cessation education				
Number of clients/families who reportedly smoke and were seen in clinic				
Percentage of clients/families who smoke and were seen in clinic, that received smoking cessation education				

***Project Population:** *Individuals less than 21 years of age*

PO 3c: Clients/families who were seen in clinic and educated to the *negative effects of alcohol consumption*

	FY 2006	FY 2007	FY 2008	FY 2009
Number of clients/families who were seen in clinic and received education on the negative effects of alcohol consumption				
Number of clients/families who were seen in clinic				
Percentage of clients/families who were seen in clinic and received education on the negative effects of alcohol consumption				

Directions- State which staff members will be responsible for the following activities. Additional measurable activities that will assist in meeting this objective can be added at the bottom of this table. The Activity Status and Comments/TA plans will be filled in on the quarterly and annual reports **do not** fill them in at this time.

Activity	Staff Responsible	Activity Status	Comments/TA plans
Develop and incorporate into your patient intake a protocol asking clients/families if they had smoked, took folic acid or consumed alcohol		<input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> Does not apply	
Greater than 90% of clients who admit to smoking, drinking or using drugs and who live in an area in which a Prenatal Substance Use Prevention Program (PSUPP) exist are informed about PSUPP and other substance treatment programs.		<input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> Does not apply	
		<input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> Does not apply	

Indiana State Department of Health
Newborn Screening Program

FY 2008 Performance Measures

Performance Measure 4: Provide educational sickle cell presentations to the general public.

Performance Objective 4: *(Please report the following numbers in the subsequent table.)*

Project staff will participate in at least 14 community events, with at least 2 of these being educational presentations to the general public and at least 12 other community events in the form of participation in health fairs.

Service Projections

Directions- A **minimum of 2** presentations are to be given to the general public and participation is required in at least **12** health fairs. Give estimates for current and upcoming years for each of the types of community events listed below. Please give actual numbers for 2006. While a **minimum** of 14 community events is required, please try to give accurate estimates. For upcoming years, please honestly project how many talks you might be providing and how many health fairs you intend to attend. Do **not** count one community event under two different audiences.

Sickle Cell Community Events

	# of Talks			
Main audience:	FY 2006	FY 2007	FY 2008	FY 2009
Presentation to the General Public (e.g. high school students, support groups, etc.)				
Health Fairs				
Other Presentations				
Total				

Supporting Activities Table

Directions- State which staff members will be responsible for the following activity. Additional measurable activities that will assist in meeting this objective can be added at the bottom of this table. The Activity Status and Comments/TA plans will be filled in on the quarterly and annual reports **do not** fill them in at this time.

Activity	Staff Responsible	Activity Status	Comment/TA Plans
Evaluation sheets will be collected for each presentation.		<input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> Does not apply	
Audience size will be counted at each presentation. (Note: attendance or evaluation sheets may be used to determine these numbers)		<input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> Does not apply	
Attend the Annual <i>State Wide Sickle Cell Conference</i> & participate in the planning of the event.		<input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> Does not apply	
		<input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> Does not apply	
		<input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> Does not apply	
		<input type="checkbox"/> Initiated <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> Does not apply	

Note: Evaluation narrative should include a sample evaluation sheet and a description of how scores will be compiled.